

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/580,577	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1	2				
4	1	1				
5	1	1				
6	1	1				
7	1	1				
8	1	1				
9	1	1				
10	1	1				
11	1	1				
12	1	1				
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TOTAL IND.	1	↓	↓	↓		
TOTAL DEP.	16	←	←	←		
TOTAL CLAIMS	17					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						